**Attachment 2**

**Application Checklist**

**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services – Reissue**

**RFA #24-0003**

**Submission Requirements Checklist**

**Applicants must submit one PDF version of the entire application (including Application Cover page, Application Checklist, Narrative and all Attachments) to** **AIGPU@health.ny.gov** **by the date and time specified on the cover page of the Request for Applications. The subject of the email line should reference “Advancing Health Equity - Reissue *RFA”*.**

Please be sure that your application adheres to the following submission requirements and indicate compliance with these requirements by placing a check in the applicable box below.

**FORMAT**

[ ]  The portion of the application to which page limits apply does not exceed **10 double-spaced pages;**

 [ ]  The application is **double-spaced;**

[ ]  The application uses a **12-pitch font**;

[ ]  The application has **one-inch margins** on all sides; and

[ ]  All pages are **numbered consecutively, including attachments**.

**BUDGET**

[ ]  Budget does not exceed the maximum budget amount.

[ ]  An indirect cost rate of up to 10% of total modified direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.

[ ]  All budgeted items include a justification.

**Please attach and label all attachments for your application in the following order when submitting and note inclusion of applicable elements by placing a check mark in the adjacent box.**

[ ]  Application Cover Page (Attachment 1)

[ ]  Application Checklist (Attachment 2)

[ ]  Article 28 Operating Certificate (Attachment 4)

[ ]  Electronic Health Records (EHR) Assessment (Attachment 5)

[ ]  Statement of Assurances (Attachment 6)

[ ]  Proposed Site Location, Days and Hours of Operations Chart (Attachment 12)

[ ]  Service Delivery Experience Table (Attachment 13)

[ ]  Program Implementation Timeline (Attachment 14)

[ ]  Accessibility, Referral, Navigation, and Services Continuum Assessment (Attachment 15)

[ ]  Agency Capacity and Staffing Information (Attachment 16)

[ ]  Agency Organizational Chart (Attachment 17)

[ ]  Budget Forms (Attachment 18)

[ ]  Statement of Activities for the past three (3) years (Attachment 20)

[ ]  Yearly Independent Audit (Attachment 21)

[ ]  Agency Time and Effort Policy (Attachment 22)

[ ]  Funding History for HIV Services (Attachment 23)